

2016 Retiree Medical Contribution Rates and COBRA Rates

Per Month - Per Person

United Healthcare		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$399.00	\$1165.25
Group Health Options		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$271.00	\$790.61

2016 Retiree Medical Contribution Rates if Medicare Eligible

Per Month - Per Person

United Healthcare		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$228.00	\$1165.25
Group Health Options		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$170.00	\$790.61

Only for Current COBRA Dental Participants (through CONEXIS)

2016 Dental COBRA Monthly Rates

Level of Coverage	Delta Dental of Washington	Willamette Dental
Individual	\$43.72	\$42.48
Individual +1	\$79.01	\$85.17
Individual + more than 1	\$116.93	\$159.53